

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/763616 FILING DATE
APPLICANT(S)

4/10/05 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				
2	1				
3	1				
4	1				
5	1	1			
6	1				
7	2		1		
8	4				
9	2				
10	2				
11	2				
12	2				
13	1			1	
14	1				1
15	1				1
16	1				1
17	1				1
18	1				1
19	1				1
20	6				1
21	1				1
22	1				1
23	1				1
24	1				1
25	1				1
26	1				1
27	1				1
28	1				1
29	1				1
30	1				1
31	1				1
32	1				1
33	1				1
34	1				1
35	2		1		1
36	2		1		1
37	1		1		1
38	1				1
39	1				1
40	1				1
41	1				1
42	1				1
43	1				1
44	1				1
45	1				1
46	1				1
47	1				1
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					